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SD SEC OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Wagner Post		2. DATE: 9-26-18
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: $40 In State/$45 Out of State
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 209 S Main Ave., Wagner, Charles Mix County, SD 57380		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 209 S Main Ave., Wagner, SD 57380		
6. FULL NAME OF PUBLISHER: Barbra Pechous		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME: Pechous Publications LLC — COMPLETE MAILING ADDRESS: 209 S Main Ave., Wagner, SD 57380		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1295	1294
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	216	228
2. Mail Subscription (Paid and or requested)	765	733
3. Paid Electronic Copies	20	19
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1001	980
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	30	30
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1031	1010
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	264	284
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1295	1294

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Barbra Pechous (Signature)

Owner (Title)

State of South Dakota)
§
County of Charlestown)

(Seal)

Sworn to before me this 9th day of October, 20 18

Karen B Sudek
Notary Public

My commission expires: 3-11-2023

Form: SOS REC 051 9/201